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the thousand and one things that had never entered her head. I tried to make her understand that a patient is not simply paying for room and board; he is paying for the convenience of being sick in an institution kept up for that purpose; kept immaculately clean; furnished with expensive appliances which few people would care to buy and keep at home; supplied with a sufficient number of trained women to humor his whims, minister to his needs, and fulfil his wants before he realizes what they are himself.

I really felt that I made some impression on her mind, that she gained some ideas she had never had before; but she is only one of fifty nurses in training in this one hospital. It is not my business or duty to train them along those lines, but it seems to me some one should. They would be better for knowing some of the inner workings of their hospital. Later on many of them go into other hospitals to take positions, and the habits of grumbling and fault-finding go with them many times. It is surprising to learn how many head nurses in responsible positions are ignorant along these same lines, and, unless they take positions at the head of hospitals, how many of them remain in ignorance through years of hospital work.

Would it not benefit both the hospital and the nurses if they could be given an insight into the real business management of the hospital, through lectures or lessons, or, if possible, practical work?

Ohio.

I. M. B.

USE OF ALCOHOL IN HOSPITALS

DEAR EDITOR: I think many of your readers will be interested in the following extract from a letter which, though not addressed to me, has been placed in my hands with full permission to use it. The writer says:

"I have been through a typhoid siege this winter and that without alcohol. By the time it was decided what was the matter with me I was too ill to be taken to my own home, and so went to a hospital. Fortunately for my peace of mind and, perhaps, for my good, I came under the care of a physician who does not believe in the use of alcohol, so I was saved the possible complication, which I dreaded, of having that issue raised. Of course, in so large a hospital such a matter depends altogether on the senior visiting physician, and I might easily have been brought under another 'service' where the alcohol would have been given.

"After my recovery, I asked this physician why he does not use alcohol in his practice, and his answer was brief and to the point. 'Tisn't any good.'

"He said there were only two cases in which he employed it: when it was necessary to get immediate excitation, which alcohol would produce before better stimulants would act, but the latter would take effect before alcoholic depression would set in. The other he said I probably wouldn't approve of (and I certainly wouldn't), but occasionally he prescribed a small amount of port wine to give a little fillip to a capricious or sluggish appetite. But he said that in several months of hospital practice with hundreds of patients he thought he had not signed more than three or four of the slips required for any form of alcohol.

"I am convinced, however, that there is one line at which greater work must be pressed, the matter of alcoholic flavoring of the delicacies prepared for convalescents. My nurses were as good as could be about it, after they found

I objected to it. Yet, in spite of them, frequently these things came in highly flavored with sherry, and the nurses told me they were taught by their cooking teacher to make them so. The flavor takes convalescents at a disadvantage, and in my own case I frankly admit that from a real dislike of it normally, even with the little I got, I began to like it. I have heard it said by those accustomed to wine flavor that sauces, etc., without it were insipid. Thus the taste so acquired may, it seems, be a real danger, and I told my nurses so, as both of them were to go out into private practice.

"Of course this is nothing new, but to my mind this bit of personal experience in one who by taste and training had not the slightest inclination to like the alcoholic flavor thoroughly disproves the statement, emphatically made to me, a few years ago, by a Yale medical professor, that the liking for alcohol did not result from its medical use in acute illness, that such use was almost mentally associated with the illness and therefore repugnance rather than liking resulted. I did not believe him then and I certainly do not now."

I am sure this "bit of personal experience" will be interesting to my sister nurses, as it is to me, and it suggests a line of non-alcoholic work especially our own. We cannot control the prescription by physicians, but we can generally flavor the food as we please, so long as we suit our patients with it. Even in homes where wine flavoring is the established custom, we may be able to prove by illustration that others are good. And think of our influence over the mothers, and how ready they are to have us show them a new and better way.

Fruit flavoring is both delicious and nourishing and, in this happy age, it is rare that we cannot get fruit either fresh or well prepared. The possibilities from unfermented grape juice and the liquid of canned peaches, etc., are almost endless, and even good, honest old nutmeg is not to be despised. We do not need sherry or any other alcoholic to make things good to eat, and showing how to make dainties without it is certainly a line of temperance work within our "sphere."

In conclusion may I quote a late public utterance of Dr. H. W. Wiley, who is now in the "lime-light" as head of the Bureau of Chemistry in the Department of Agriculture? He said:

"On the witness stand I have stated that I considered alcohol a food because a certain quantity of it burned in the body, with the production of heat and energy. In the light of recent investigation, however, and from theoretic considerations, I am inclined to the opinion that the effort to rid the body of even the small quantities mentioned may, perhaps, consume a great deal more energy than is furnished by its combustion, and that, on the whole, it cannot be regarded as a food, even in the limited sense here described. The susceptibility to certain diseases of persons addicted to alcohol has been noted by many writers, and the records of deaths by sunstroke indicate that a very large percentage of the victims are alcoholics. The tendency which alcohol has to weaken the bodily resistance is, therefore, a matter not to be left out of consideration. The general result of the study of this problem has been an accelerated movement to restrict the use of alcohol in medical practice, and especially in hospital practice. Both as a means of preventing disease and as a remedy this agent is falling rapidly into disrepute, so that it bids fair to become merely a memory in our *materia medica* and *pharmacopœia*."

Let us rejoice in these words from so great a medical authority and leader of public opinion, and each in our own little corner do our best to hasten the fulfilment of his prophecy.

E. BERTHA BRADLEY, R.N.

175 Halsey St., Brooklyn, N. Y.

LITERATURE ON SEX HYGIENE

DEAR EDITOR: I have read *Hygiene and Morality*, by L. L. Dock, R.N., and found it interesting and instructive. I sent for the "Bibliography on Educational Hygiene and Physical Education" mentioned in the July number of the JOURNAL. There are a number of books on sex instruction; do any of the nurses know which is best for a nurse who wishes to instruct children of both sexes in that subject?

Which of the books on school nursing would be best for a nurse who intends to take a position as school nurse?

I find the JOURNAL very helpful.

Massachusetts.

F. H., R.N.

[A personal reply has been sent to the writer of this letter, but we are sure she would be glad of further suggestions from our readers.—Ed.]

RESPONSIBILITY OF HOSPITAL HEADS

DEAR EDITOR: Could you tell me in your correspondents' column what departments in modern American hospitals are directly responsible to the medical superintendent, to the nursing superintendent, to the matron? M. EDE.

[There is no arbitrary form of organization in American hospitals. We have, first, the hospital under a medical superintendent, where the training school is a part of the hospital organization, and where the superintendent of the school, the matron, and all subordinate employees are directly responsible to him, with no other appeal. Second, we have a medical superintendent, with the training school under a separate committee or board of managers, the matron usually subordinate to the medical officer, but occasionally subordinate to the superintendent of the training school. Orderlies may be under one or the other, as determined by the hospital authorities. Third, when the superintendent of the hospital is a trained nurse, all subordinate officers, including the superintendent of the training school, are subordinate to her. She is the superintendent of the training school, although the duties of that office may be delegated to her assistant, and there may be a special board to have charge of that work. Again, under a woman superintendent, the superintendent of the training school may be an independent officer, with a separate board of control, although this is not so general an arrangement as the other.—Ed.]

[Several letters are held because they are signed with initials and are not accompanied by the name and address of the writer.—Ed.]